

USE OF SPACE MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 181

Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.

District or Township _____ or Village _____

City Winkelman No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Montezote If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 8-24-30 Month Day Year

8. FATHER Full name Ramon Montezote

9. Residence (Usual place of abode) Winkelman
If non-resident, give place and state. Ariz.

10. Color or race Mex. 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Sanora, Mex.
(State or country)

13. Occupation Laborer
Nature of Industry _____

14. MOTHER Full maiden name Adelina Lopez

15. Residence (Usual place of abode) Winkelman
If non-resident, give place and state. Ariz.

16. Color or race Mex. 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Christmas
(State or country) Ariz.

19. Occupation H.W.
Nature of Industry _____

20. Number of children of this mother 1 } (a) Born alive and now living 0
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 a.m. on the date above stated.
(Born alive or stillborn)

Signature Edw. R. Winslow (Physician or midwife.)
Given name added from a supplemental report _____ Address Hayden, Ariz.
Month, day, year _____ Filed Oct 30 1930 Registrar P. H. Fulton

645-824-139